

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13272</u>	2 Fiscal Year Covered From: <u>7</u> / <u>1</u> / <u>2004</u> Through <u>7</u> / <u>1</u> / <u>2005</u>
3 Name and address of person filing Name <u>THOMAS W THOMAS</u> P.O. Box Bldg Room No. If any <u></u> Street <u>214 N. THIRD ST.</u> City <u>TORONTO</u> State <u>OH</u> <u>43964</u> ZIP Code + 4 <u>1418</u>	4 Name, file number, and address of labor organization. Name <u>ASBESTOS WORKERS LOCAL NO 2</u> Labor Organization File Number <u>035-280</u> P.O. Box Building and Room Number If any <u>PO BOX 595</u> Street <u>1057 CLINTON ROAD</u> City <u>CLINTON</u> State <u>PA</u> ZIP Code + 4 <u>15026</u>
5 Position in labor organization <u>HEALTH AND WELFARE TRUSTEE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any) Name <u></u> Trade Name, if any <u></u> P.O. Box Bldg Room No. If any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a Nature of Interest, Transaction or Income <u></u> 7.b Amount. <u></u>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Tom Thomas</u>	On <u>8-16-05</u> Date	<u>740 537 1668</u> Telephone Number

Name of Person Filing

THOMAS W. THOMAS

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name DELTA DENTAL

Trade Name if any DELTA DENTAL of P.A.

P O Box Bldg Room No if any

Street ONE DELTA DRIVE

City MECHANICSBURG

State PA 17055 ZIP Code + 4 6999

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name ADMINISTRATOR OF FUND
ASBESTOS WORKERS HEALTH FUND

Trade Name if any FRANK VACCARO & ASSOC'S

P O Box Bldg Room No if any

Street 27 ROLAND AVE

City Mt LAUREL

State NJ ZIP Code + 4 08054

11 a Nature of such dealing

DELTA DENTAL PERIODICALLY
INVITES TRUSTEES to REVIEW
health insurance product
LINE & OPTIONS.

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

GUEST AT Pgh PIRATE
ballgame

12 b Amount

\$ 135.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.